



Request for Service Credit Cost Information — Redeposit of Withdrawn Contributions

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number or CalPERS ID

Section 1

Please include
your full first and last
name, followed by
your middle initial.

About You

Former Name (if applicable) () Daytime Phone

Mailing Address

City

State

ZIP Code

Current Employer

Have you requested this cost information before? ☐ No ☐ Yes

Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes

Retirement Date (mm/dd/yyyy)

Are you a member of a public retirement system in California other than CalPERS? ☐ No ☐ Yes

Name of System

Section 2

Please include the month,
day, and year for all
dates as: mm/dd/yyyy.
Do not abbreviate your
employer's name.

Employment Information

List all periods of employment for which you withdrew contributions.

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

☐ A portion of my CalPERS funds were transferred due to a community property settlement agreement, and these funds have since been withdrawn by my former spouse or domestic partner.

☐ During the first two years of my employment, a portion of my Alternate Retirement Program funds were awarded to a former spouse or domestic partner due to a community property settlement.

Section 3

If you are currently a
CalPERS member, sign
the form, make a copy
for your records, and
mail the original to the
address shown on the
back of this form.

Member Certification

I hereby certify that the above information is true and correct.

Member Signature Date (mm/dd/yyyy)

Note: If you are a member of another California public retirement system and currently not a CalPERS member, forward this form to your current retirement system for completion of Sections 4, 5 and 6 before returning to CalPERS. For more information, see the publication *A Guide to CalPERS When You Change Retirement Systems*.

Put your name and Social Security number or CalPERS ID at the top of every page

Your Name

Social Security Number or CalPERS ID

Section 4

This form is used to obtain the member and employment information required to redeposit withdrawn CalPERS contributions and establish reciprocity with your current retirement system.

Retirement System Certification (To be completed by member's current retirement system.)

Retirement System

Address

City

State

ZIP Code

Employer

Address

City

State

ZIP Code

Section 5

Member Employment History

First Appointment Date (mm/dd/yyyy)

Effective Date of Membership in Your System (mm/dd/yyyy)

Current Pay Rate & Time Base

Total Service Credit in Your System

Is the member retired/retiring? ☐ No ☐ Yes

Date of Retirement (mm/dd/yyyy)

Is the CalPERS service noted in Section 2 already credited in your system? ☐ No ☐ Yes

Is the employee currently a member of your system? ☐ No ☐ Yes

Section 6

Please return this request form to the member.

Statement & Signature of Retirement System Representative

I hereby certify that the above information is true and correct.

Your Signature

Social Security Number or Tax Identification Number of the Member

Date (mm/dd/yyyy)

Printed Name

Title

()
Daytime Phone

()
FAX

Mail to:

CalPERS Customer Account Services Division • P.O. Box 4000, Sacramento, California 95812-4000